

ICA Community Administrator Account Request Form

	("Party") (FEIN:)
hereby requests that the Industrial Commission of "administrator" privileges in the ICA Community to	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Request to Add "Administrator" Privileges	
Carrier/Self Insured Employer	
Community Username (i.e. Email Address to be asso	ciated with "administrator" privileges):
If you do not have a Community user account, please and then submit this form for "administrator" privile	<u> </u>
Further information and training materials on ICA C www.azica.gov/resources/resources-ica-community.	· · · · · · · · · · · · · · · · · · ·
Request to Remove "Administrator" Privileges	
Carrier/Self Insured Employer	
Community Username(s) (i.e. Email Address(es) asset	ociated with "administrator" privileges):
This ICA Community Administrator Account Requestive Commission processes the Request. This Recompletes and submits an updated Request using the By signing below, I certify that I am an authorized ream authorized to sign and submit this Request and the Request are true, accurate, and complete.	equest will remain effective until Party is form. epresentative of Party. I further certify that I
Printed Name	Title
Email Address	Phone
Signature	Date



The Commission requests that Parties submit this form in the following ways:

In-Person or by U.S. Mail: Industrial Commission of Arizona c/o Claims Fileroom 800 West Washington Street, Suite 103 Phoenix, Arizona 85007

By E-Mail:

claims@azica.gov

For technical questions regarding obtaining "Administrator" privileges, please contact Julie Hill at Julie.Hill@azica.gov.